## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

10/602631

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			1				1	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	<b></b>	OB	BASIC FEE	790.00
								-05	<u> </u>	1		
TOTAL CHARGEABLE, CLAIMS			minus 20=		•			× 25		OR	x-50	
INDEPENDENT CLAIMS			L	inus 3 =				x/00		OR	×200	
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT		•	<u>.</u>		+180		OR	+360	
* (f	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	i.	TOTAL		OR	TOTAL	
	· .	LAIMS AS A	MENDED - PART II					·		OTHER	THAN	
		(Column 1)	(Column 2) (Column 3)			_	SMALL	ENTITY	OR	SMALL		
AMENDMENTA	(12/27/4	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRISSENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	Total	· 25	Minus	- Ó	5	=		× 25		OR	×50.	
AME	Independent	· 5	Minus	***	5_	=		×100		OR	×200	
	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<b>,</b> [	+180		OR	+360	_
							Ā	TOTAL DOTT, FEE		OR	TOTAL ADD:T. FEE	
	(Column 1) (Column 2) (Column 3)											
SAT 8		CLAIMS REMAINING AFTER		HIGH NUME PREVIO PAID	BER	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ANCTHON.	Total		Minus	ý-t		=		× 25		OR	x50	
	independal	<u></u>	Minus	\$¥'A		! . !		x 100		OR	1200	
1	FIRST PRESE	PENDENT	CLAIM		<b>」</b> ├			00				
				•		•	L	+/80		OR	#360 TOTAL	
							A	DOIT, FEE	AMITOR OF THE SERVICE AND	OR	ADDIT. FEE	
بمحسا	·	CLAIMS	<del>,</del>	High	- 51 - 51	the state of the s	;		**************************************			A CONTRACT OF
ENT C		REMAINING AFTER · AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AUCH TIONAL .FEE
DM	Total	*	Minus ·	<del>d 4</del>		=	$\prod$	×25		OR	x 50	. 1
AMENDMENT	Independent	*	Minus	***		. <del>.</del>	]	× 100		OR	×200	
Y	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ 180		. 1		
	<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> </ul>									OR	+360	<u> </u>
••	K the Highest Nu	mn 1 is less than th mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	less that	n 20, enter 720.	• д	DOIT. FEE		ori ,	TOTAL) DDIT. FEE	
	п une rrignest Nu The "Highest Nun	mber Previously Pai iber Previously Pai	d For (Total or	independe	nt) is the	highest n'm' e	er Jour	nd in the app	ropriate box	in cot	umn 1	